

SAN LUIS OBISPO COUNTY PUBLIC HEALTH DEPARTMENT

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive authorized certified copies of birth records. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."- see description on reverse side of form.

Please indicate whether you would like an Authorized Certified Copy or an Informational Copy.

- | | |
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| <input type="checkbox"/> I would like an Authorized Certified Copy of the record identified on the application form. (In order to receive an authorized certified copy, you must indicate your relationship to the person named on the application form by selecting from the list below- see instructions on reverse side for mail requests) | <input type="checkbox"/> I would like an Informational Copy of the record identified on the application form. (You are not required to select from the list below in order to receive an informational copy) |
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I am:

- ☐ The registrant or a parent or legal guardian of the registrant.
- ☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- ☐ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, conducting official business.
- ☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.

**MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY
IF YOU APPEAR IN PERSON A NOTARIZED STATEMENT IS NOT NECESSARY**

\$17.00 fee for each Certified Copy of Birth Certificate	NUMBER OF COPIES NUMERO DE COPIAS
Date of Birth – Fecha De Nacimiento Month/Mes Day/Dia Year/Ano	
NAME GIVEN AT BIRTH (first, middle, last) –NOMBRE DE NACIMIENTO (primer, segundo, apellido)	
CITY OF BIRTH – CIUDAD DE NACIMIENTO	
NAME OF FATHER – NOMBRE DEL PADRE	
MAIDEN NAME OF MOTHER – NOMBRE DE SOLTERA DE LA MADRE	
I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525(c), and am eligible to receive an AUTHORIZED certified copy of the birth record identified on this application form. Sworn this _____ day of _____, 2006 at _____ _____ Signature _____ RETURN CERTIFIED COPY TO: NAME AND ADDRESS	

FOR OFFICIAL USE ONLY
Receipt # _____
Banknote # _____
Date Issued _____
Location 2191 Johnson Ave San Luis Obispo, CA 805-781-5514
Mail Requests to: San Luis Obispo County Public Health Dept. Attn: Vital Records P.O. Box 1489 San Luis Obispo CA 93406
MAIL REQUESTS <u>MUST</u> BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY (SEE BACK OF FORM)
Fee must be paid with cash, check or money order. No credit cards or debit cards accepted.

NEW LAW EFFECTIVE JULY 1, 2003

Effective July 1, 2003, the California Health and Safety Code, Section 103526, will permit only authorized individuals to receive authorized certified copies of birth or death records. An Authorized Certified Copy of a birth certificate is required to obtain a driver's license, passport, social security card and other services related to an individual's identity. An Authorized Certified Copy of a death certificate may be required to obtain death benefits, claim insurance proceeds, notify social security and obtain other services related to an individual's identity. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY**".

In order to obtain an Authorized Certified Copy on or after July 1, 2003 you **MUST** complete the sworn statement on the front of this application for a record and sign the statement under penalty of perjury. If you mail your request, your sworn statement must be notarized. **If your mailed request indicates that you want an Authorized Certified Copy but does not include a signed statement sworn under penalty of perjury and an original certificate of identity, the request will be rejected as incomplete and returned to you without being processed.**

The certificate of identity is required only for mail requests for copies and only for an Authorized Certified Copy- see above information. If you only require an Informational Copy, you do not need a completed certificate of identity.

If you are requesting multiple records, you must complete an application for each record, however only one certificate of identity is needed for all applications submitted concurrently. List names of records being requested below.

IF YOU ARE REQUESTING, MULTIPLE RECORDS LIST NAMES HERE

_____	_____
_____	_____

**CERTIFICATE OF IDENTITY
(ACKNOWLEDGMENT)**

State of _____)
County of _____) ss

On _____, before me personally appeared _____

☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)